

THE INDUSTRIAL COMMISSION OF UTAH

350 EAST 500 SOUTH
SALT LAKE CITY, UTAH 84111

MEDICAL REPORT

FORWARD IMMEDIATELY AFTER FIRST SEEING PATIENT

Name of Employer

Park City Ventures

(IMPORTANT: ASCERTAIN OPERATING TITLE OF COMPANY—NOT NAME OF FOREMAN, ETC.)

Address of Employer

Park City, Utah

Employer's Workmens Compensation Insurance Carrier

State Insurance Fund

Name of Injured

Thomas Domo

Phone No.

654-0488-

Residence Address

150 North 4th West

S. S. Number

528-22-1686

Give Date and Hour of Injury

6/5/75

19

7:30 A

M.

Age 50

Sex

M

Date Injured Had to Leave Work

DIDNT LEAVE WORK (6-9-75)

19

M.

1. Statement of patient as to how injury was sustained.

PT ON CASE GOING DOWN WHEN WATER SPLASHED IN (L) EYE

2. Give nature and extent of injuries. Patient must be thoroughly examined for all possible injuries due to the accident, and this first report must be complete in detail. (If additional space is needed, use reverse side.)

PURULENT CONJUNCTIVITIS (L EYE)
(PALPEBRAL + BULBAR PORTIONS)
Pterygium also presentAdded by
Dr. Green 7-1-75

3. In your opinion, is present trouble due to any pre-existing condition? If so, what?

No.

4. When will employee be able to return to work?

1 WEEK.

5. Will any permanent injury or deformity result? If so, to what extent?

TO BE DETERMINED

6. Give names of all physicians or surgeons who have examined patient for present injury.

R. Raymond Green, M. D.

HYMAN MILLER

7. Name of hospital.
Date hospitalized.

None

Section 35-1-98, Utah Code Annotated, as amended, provides that any physician or surgeon who refuses or neglects to make any report at any time required by the Commission is guilty of a misdemeanor, and shall be punished by a fine of not more than \$500.00 for such offense. Rule 1 of the Medical and Surgical Fee Schedule requires this "Medical Report" to be mailed to the Commission within one week after first attendance. Rule 10 requires written consent from the Commission before an injured employee can change doctors. The attending Physician must not express an opinion as to whether or not the injury is Industrial unless requested by the Commission.

Date First Examined Patient

6/9 1975

Signed:

R. Raymond Green, M.D. Surgeon

Date of This Report

6/9 6-12 1975

Address: Street

45 South Main St.

Heber, Utah 84032

6/10/75 - Followup exam.

6/12/75 - Improving R eye - Continue Opthal treatment
Return in AM - Vision intact; Cornea ok.

6-13-75 Condenses to improve Contact medication
Return on Monday - if not fully healed - may need ophth
Consult

6-16-75 Improved — 77D. 6-17-75

6-17-75 Final Report sent to State \$30.00

6-21-75 Eyes R $\frac{20}{100}$ L $\frac{20}{30}$ Plan Referral to Dr. Petty
Appoint. for July 26, 1975 at 10:15 a.m.

REQUEST FOR MYCOBACTERIA EXAMINATION

Complete One Form for Each Specimen

Date Received

FEB. 26 1981

Lab No.

811459

Patient's Last Name

First

Middle

Age(34)

Sex (5)

Address (Street)

City

County

(6-7)

State

(17) ☐ Case(18) ☐ Under Treatment(19) ☐ Contact

Type of Specimen:

Sputum:

(22) ☐ Gastric(20) ☐ Natural (23) ☐ Urine(21) ☐ Nebulized (24) ☐ Spinal Fluid(25) ☐ Pleural☐ Culture (Source)

(26)

(27) ☐ Other

Return Address

Physician (Full Name)

(8-11)

Clinic/Hospital

(12-14)

Street Address (Complete)

City

County

State

Zip

(15-16)

Physician's Telephone:

Microscopic Examination

Date Reported:

(28) ☒ No Acid Fast Bacilli Found(29) ☐ Acid Fast Bacilli Present(30) ☐ Rare(31) ☐ Few(32) ☐ Numerous(33) ☐ Suspicious Smear, Please
Send Another Specimen(34) ☐ Unsatisfactory Specimen:(35) ☐ Leaked in Transit(36) ☐ Insufficient Amount(37) ☐ Contaminated

Culture Report

☐ Preliminary Report

Date:

☐ Acid Fast Bacilli Found and
Identification Pending☐ Final Report

Date:

(38) ☐ No Acid Fast Bacilli Present(39) ☐ Culture Contaminated☐ Positive for(40) ☐ *M. tuberculosis* in:(41) ☐ High Numbers(42) ☐ Moderate Numbers(43) ☐ Low Numbers☐ Other

(44-45)

Utah State Division of Health
Bureau of Laboratories
44 Medical Drive
Salt Lake City, Utah 84113

CASE NO.

PATIENT'S NAME

Thomas

Davis

*4-9-25

DATE			SUBSEQUENT VISITS AND FINDINGS
MO.	DAY	YR.	
1	17	76	Croup Pen + Steam -
1	18	76	Pen
1	19	76	" & still has croup -
1	20	76	
2	7	77	Infected urine & hurts over kidneys Rx: Dyo Gantanol -
2	10	77	Pen x 2
2	11	77	Pen
2	19	77	leg pain
2	22	77	Ⓢ knee swollen 3/4" ankle better
2	26	77	Ⓢ " " less now
4	29	80	Croup Rx: Chest X-Ray Rx: Pen x 1 each x 3
5	1	80	"
5	7	80	" just
9	18	80	Croup Rx: Pen
9	19	80	Pen x 2 today
9	20	80	Pen 77D/ 22 Sep
10	30	80	Croup again - X-Ray Chest - Lincoadin + steam
10	31	80	
11	1	80	" BP 150/82 Rx: Reserpine
12	22	80	Croup - Rx: Pen x 2
12	23	80	Pen x 2 + IPPB
2	24	81	coughing blood due to recent infect Rx: Stop Smoking - Chest X-Ray - 3 sputums for TBC Tine test - neg -
			<u>Plan Refer to Chest Clinic in SL.</u>
2	26	81	OK up Mupateclin F.
5	19	81	Died of cardiac arrest & Pneumonia & COPD -

CASE NO.

PATIENT'S NAME

Dunaway

CASE NO.

PATIENT'S NAME

50 No. 4th West Heber City, Utah X 7 Apr 1975
 Thomas & Deborah
 Esther Main

DATE
MO. DAY YR.

SUBSEQUENT VISITS AND FINDINGS

11 30 71

12 2 71

12 3 71

8 3 72

8 14 72

8 17 72

9 1 72

~~3 11 74~~

4 12 74

4 30 74

2 20 75

2 21 75

2 22 75

5 19 75

6 9 75

6 10 75

6 12 75

Pen for croup
 Pen
 Redressed bad finger ^{cut finger July 30} laceration. 4 day
 Redress + stitches out
 Redress
 Redress healing slowly

Park City Ventures Exam
 24 5'6" & WT 168 Turn No 9 R20/50 L20/30
 Chest x-ray some silica

Pen for croup

Pen

Pen
 Mycoplasma pneumoniae rash involve face neck
 of 4 days duration - no allergic Hx - review of
 New Shoring soap, deodorant after shave - negative
 No adenopathy - Probably Contact dermatitis
 c mild 2nd infection - Film - Betadine ointment
 Steroid ointment. Return Friday.

6/9/75 - Rash some cleared purely & some still
 Now has 4 day Hx of itching & drooping
 D eye following water splashing in eyes on
 the eye on Tuesday. Post Hx dry eye
 c x vision - no vision problem D eye
 PE - PERKINS Cornea intact Vision D eye
 Cornea D eye - D eye - severe
 bulb - palpebral conjunctivitis c mild
 conjunctivitis vision intact. No scleral pain
 Cornea Int. Film - Boston Ophthalm
 ointment - Apply bid - wash - Return
 in AM to schedule
 Dmg - Punctal Conjunctivitis Heller

Some improvement - vision OK (D eye - no pain -
 could difficult to visualize. will see again
 on Tuesday AM or PM Heller

D eye improving - still inflamed - Continue ophthalm
 ointment - return in AM Heller

WM. J. MORGINSON, M.D.
ROBERT G. WILSON, M.D.

714 MEDICAL ARTS BUILDING
SALT LAKE CITY, UTAH 84111

DERMATOLOGY

March 24, 1969

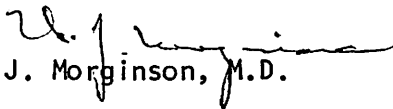
Dr. Raymond Green
Heber, Utah

Dear Doctor Green:

Thank you for the privilege of seeing Alan Davis when he was in the office on March 22, concerning severe acne vulgaris involving his face.

Alan's management will consist of washing with Dial Soap, cleansing with Seba-Nil Astrigent losion (Texas) and applying Komid Lotion (Dermik) at night. Sumycin Tetracycline .250 gms tid two weeks then bid was prescribed.

Kind regards,


Wm. J. Morginson, M.D.

WJM:jn

T. RAY BROADBENT, M. D.

ROBERT M. WOOLF, M. D.

PLASTIC AND RECONSTRUCTIVE SURGERY
508 EAST SOUTH TEMPLE
SALT LAKE CITY, UTAH 84102
TELEPHONE 322-1096

August 20, 1968

R. Raymond Green, M. D.
Heber Hospital
Heber City, Utah 84032

Re: Alan T. Davis

Dear Ray:

Alan Davis was seen in the office today for evaluation of his nasal deformity resulting from a recent fight. He has a shift of nasal profile to the left side with a similar shift of the septum and it would be worthwhile to straighten up the nose at the same time that the septum was corrected. We have made arrangements for this to be done during the Christmas vacation time which will best suit his school program.

Thank you very kindly for having us see this patient with you.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Bob", written in dark ink.

Robert M. Woolf, M. D.

RMW/bjc

14. On 11/20/05, I met with the
 15. Defendant's mother,
 16. who advised that she

[illegible]

1950 1951

1. The first step is to identify the key components of the system. This includes understanding the hardware, software, and data involved.

Stamps and fees on all correspondence and telegrams to be paid by the addressee.

4. 20. 1943

2004-1049

UNITED PARK CITY MINES CO.
PARK UTAH CONSOLIDATED MINES CO.

SURGEON'S REPORT OF EXAMINATION

Thos G. Davis Date 5 February 1969
Name of Applicant..... Thomas R. Davis < Esther Mair
Age 43 Height 5'8" Weight 165 OP Norma Snyder < Jack Kay Thacker
Occupation Miner at United Park City Mines
SKIN: (Luetic scars, needle marks, tatoo marks).....
HEAD: Head..... Mouth and Tongue.....
Teeth..... Nose.....
Tonsils..... Thyroid.....
Cervical Glands.....
Eyes (Reflexes, Size and Irregularity of Pupils) normal response
Ears normal hearing
CHEST: Cardio-Vascular System normal
Character and Rate of Pulse 128 80
Blood Pressure, Systolic 128 Diastolic 80
Lungs clear to bases Silicosis none by X-Ray
ABDOMEN: Any evidence of Hernia. ok
State condition of inguinal and femoral canals and umbilical ring ok
Any evidence of disease of viscera ok
SPINE: Note any evidence of disease or deformity none
GENITO-URINARY: Any evidence or history of disease of kidneys or genitalia none
Urinalysis: Sp. Gr. 1.018 Reac. acid Alb. neg. Sugar neg.
RECTUM: Any evidence of disease of rectum no
GLANDULAR SYSTEM: Any evidence or history of lues no
GENERAL NERVOUS SYSTEM: Any evidence or history of past or present disease of general nervous system (insanity, epilepsy, locomotar ataxia, paresis) none
BLOOD: Wasserman ok
EXTREMITIES: Hand and arms ok Feet and legs ok
Joints ok
If loss of members or ankylosis, describe ok
Varicose ulcers or scars ok
Varicose veins ok
Have you had previous injury or disease? no
Heber City, Utah 5 February 1969
Place and Date of Examination
Applicant's Signature Thomas R. Davis
(To be written in presence of Examining Surgeon)

Examining Surgeon

REQUEST FOR MYCOBACTERIA EXAMINATION

Date Received

Lab No.

FEB. 25 1981

811490

Complete One Form for Each Specimen

Patient's Last Name

First

Middle

Age(3-4)

Sex (5)

Address (Street)

City

County

(6-7)

State

(17) ☐ Case(18) ☐ Under Treatment(19) ☐ Contact

Type of Specimen:

Sputum:

(22) ☐ Gastric(20) ☒ Natural (23) ☐ Urine(21) ☐ Nebulized (24) ☐ Spinal Fluid(25) ☐ Pleural☐ Culture (Source)

(26)

(27) ☐ Other

Return Address

Physician (Full Name)

(8-11)

Clinic/Hospital

(12-14)

Street Address (Complete)

City

County

State

Zip

(15-16)

Physician's Telephone:

Microscopic Examination

Date Reported:

FEB. 25 1981

(28) ☒ No Acid Fast Bacilli Found(29) ☐ Acid Fast Bacilli Present(30) ☐ Rare(31) ☐ Few(32) ☐ Numerous(33) ☐ Suspicious Smear, Please
Send Another Specimen(34) ☐ Unsatisfactory Specimen:(35) ☐ Leaked in Transit(36) ☐ Insufficient Amount(37) ☐ Contaminated

Culture Report

☐ Preliminary Report

Date:

☐ Acid Fast Bacilli Found and
Identification Pending☐ Final Report

Date:

(38) ☐ No Acid Fast Bacilli Present(39) ☐ Culture Contaminated☐ Positive for(40) ☐ *M. tuberculosis* in:(41) ☐ High Numbers(42) ☐ Moderate Numbers(43) ☐ Low Numbers☐ Other

(44-45)

Utah State Division of Health
Bureau of Laboratories
44 Medical Drive
Salt Lake City, Utah 84113

REQUEST FOR MYCOBACTERIA EXAMINATION

Complete One Form for Each Specimen

Date Received

FEB. 27 1981

Lab No.

Davis
811504
 Patient's Last Name Davis First Tom Middle _____ Age(3-4) _____ Sex (5) _____

 Address (Street) _____ City _____ County (6-7) State _____

- (17) ☐ Case (18) ☐ Under Treatment
 (19) ☐ Contact

Type of Specimen:

- Sputum: (22) ☐ Gastric
 (20) ☒ Natural (23) ☐ Urine
 (21) ☐ Nebulized (24) ☐ Spinal Fluid
 (25) ☐ Pleural
☐ Culture (Source) _____ (26) _____
 (27) ☐ Other _____

Return Address

 Physician (Full Name) R Green (8-11)

 Clinic/Hospital 45 S Main (12-14)

 Street Address (Complete) Heber Utah
 City _____ County State _____ Zip _____ (15-16)

Physician's Telephone: _____

Microscopic Examination

Date Reported: 2-27-81

- (28) ☒ No Acid Fast Bacilli Found
 (29) ☐ Acid Fast Bacilli Present
 (30) ☐ Rare
 (31) ☐ Few
 (32) ☐ Numerous
 (33) ☐ Suspicious Smear, Please Send Another Specimen
 (34) ☐ Unsatisfactory Specimen:
 (35) ☐ Leaked in Transit
 (36) ☐ Insufficient Amount
 (37) ☐ Contaminated

Culture Report

- ☐ Preliminary Report
 Date: _____

☐ Acid Fast Bacilli Found and Identification Pending
☐ Final Report

- Date: _____
 (38) ☐ No Acid Fast Bacilli Present
 (39) ☐ Culture Contaminated
☐ Positive for

- (40) ☐ *M. tuberculosis* in:
 (41) ☐ High Numbers
 (42) ☐ Moderate Numbers
 (43) ☐ Low Numbers
☐ Other _____ (44-45)

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